

REPORTABLE EVENTS

The following are the twenty-seven (27) reportable events included in the Indiana Medical Error Reporting System.

SURGICAL EVENTS:

1. Surgery performed on the wrong body part, defined as any surgery performed on a body part that is not consistent with the documented informed consent for that patient.
Excluded are emergent situations:
 - (A) that occur in the course of surgery; or
 - (B) whose exigency precludes obtaining informed consent; or both.
2. Surgery performed on the wrong patient, defined as any surgery on a patient that is not consistent with the documented informed consent for that patient.
3. Wrong surgical procedure performed on a patient, defined as any procedure performed on a patient that is not consistent with the documented informed consent for that patient.
Excluded are emergent situations:
 - (A) that occur in the course of surgery; or
 - (B) whose exigency precludes obtaining informed consent; or both.
4. Retention of a foreign object in a patient after surgery or other invasive procedure. The following are excluded:
 - (A) Objects intentionally implanted as part of a planned intervention.
 - (B) Objects present before surgery that were intentionally retained.
 - (C) Retention of broken microneedles.
5. Intraoperative or immediately postoperative death in an ASA Class I patient. Included are all ASA Class I patient deaths in situations where anesthesia was administered; the planned surgical procedure may or may not have been carried out.

PRODUCT OR DEVICE EVENTS:

6. Patient death or serious disability associated with the use of contaminated drugs, devices, or biologics provided by the facility. Included are generally detectable contaminants in drugs, devices or biologics regardless of the source of contamination or product.
7. Patient death or serious disability associated with the use or function of a device in patient care in which the device is used or functions other than as intended. Included are, but not limited to, the following:
 - (A) Catheters.
 - (B) Drains and other specialized tubes.
 - (C) Infusion pumps.
 - (D) Ventilators.
8. Patient death or serious disability associated with intravascular air embolism that occurs while being cared for in the facility. Excluded are deaths associated with neurosurgical procedures known to present a high risk of intravascular air embolism.

PATIENT PROTECTION EVENTS:

9. Infant discharged to the wrong person.
10. Patient death or serious disability associated with patient elopement.
11. Patient suicide or attempted suicide resulting in serious disability, while being cared for in the facility, defined as events that result from patient actions after admission to the facility. Excluded are deaths resulting from self-inflicted injuries that were the reason for admission to the facility.

CARE MANAGEMENT EVENTS:

12. Patient death or serious disability associated with a medication error, for example, errors involving the wrong:
 - (A) drug;
 - (B) dose;
 - (C) patient;
 - (D) time;
 - (E) rate;
 - (F) preparation; or
 - (G) route of administration.Excluded are reasonable differences in clinical judgment on drug selection and dose.
13. Patient death or serious disability associated with a hemolytic reaction due to the administration of ABO-incompatible blood or blood products.
14. Maternal death or serious disability associated with labor or delivery in a low-risk pregnancy while being cared for in the facility. Included are events that occur within forty-two (42) days postdelivery. Excluded are deaths from any of the following:
 - (A) Pulmonary or amniotic fluid embolism.
 - (B) Acute fatty liver of pregnancy
 - (C) Cardiomyopathy.
15. Patient death or serious disability associated with hypoglycemia, the onset of which occurs while the patient is being cared for in the facility.
16. Death or serious disability (kernicterus) associated with hyperbilirubinemia in neonates.
17. Stage 3 or Stage 4 pressure ulcers acquired after admission to the facility. Excluded is progression from State 2 or Stage 3 if the Stage 2 or Stage 3 pressure ulcer was recognized upon admission or unstageable due to the presence of eschar.
18. Patient death or serious disability due to joint movement therapy performed in the facility.

ENVIRONMENTAL EVENTS:

19. Patient death or serious disability associated with an electric shock while being cared for in the facility. Excluded are events involving planned treatment, such as electrical countershock.

20. Any incident in which a line designated for oxygen or another gas to be delivered to a patient:
 - (A) contains the wrong gas; or
 - (B) is contaminated by toxic substances.
21. Patient death or serious disability associated with a burn incurred from any source while being cared for in the facility.
22. Patient death associated with a fall while being cared for in the facility.
23. Patient death of serious disability associated with the use of restraints or bedrails while being cared for in the facility.

CRIMINAL EVENTS:

24. Any instance of care ordered by or provided by someone impersonating a physician, nurse, pharmacist, or other licensed health care provider.
25. Abduction of a patient of any age.
26. Sexual assault on a patient within or on the grounds of the facility.
27. Death or significant injury of a patient or staff member resulting from a physical assault, that is, battery, that occurs within or on the grounds of the facility.